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FROM: Mitchell K. McCarthy, Registration No. 38,794**TO:** Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

ADDRESSEE/ORGANIZATION	FAX NO.	TELEPHONE NO.
Art Group 3673	703/872-9306	866/217-9197

RE: Application No. 10/772,509
In re application of: Mark Temple
Dkt. No.: MT001

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Transmission by Facsimile on January 31, 2005

**PATENT
Dkt. MT001****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: **Mark Temple**
Application No.: **10/772,509** Group No.: **3673**
Filed: **February 5, 2004** Examiner: **Fredrick Conley**
For: **SUPPORTIVE UPPER BODY CONSTRAINT DEVICE**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: ~~\$60.00~~ 01/2005 BBONNER 00000027 10772509

01 FC:2251

60.00 0P

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

TRANSMISSION
☒ facsimile transmitted to the Patent and Trademark Office, (703) 872-9306.


Signature

Date: January 31, 2005

Diana C. Anderson
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	
TOTAL	20	- 20	= 0	x \$ 25.00	= \$	0.00
INDEP.	3	- 3	= 0	x \$ 100.00	= \$	0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	= \$	0.00
				TOTAL ADDIT. FEE	\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$60.00 to Credit card as shown on the attached credit card information authorization form PTO-2038.

Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 06-0540. A duplicate of this paper is attached.

FEE DEFICIENCY

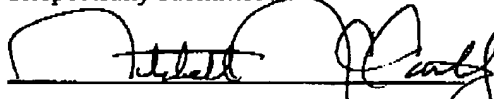
6. If an additional extension and/or fee is required, charge Account No. 06-0540.
If an additional fee for claims is required, charge Account No. 06-0540.

OTHER

7. Other enclosures
Applicant Initiated Interview Request Form

Respectfully submitted,

Date: 1/31/2005



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**PATENT
Dkt. MT001**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Mark Temple**

Application No.: **10/772,509**

Group Art: **3673**

Filed: **February 5, 2004**

Examiner: **Fredrick C. Conley**

For: **Supportive Upper Body Constraint Device**

**Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**

**AMENDMENT IN RESPONSE TO OFFICE ACTION
MAILED SEPTEMBER 29, 2004**

Sir:

In response to the Office Action mailed September 29, 2004, please enter the following amendments in the above identified United States patent application.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the **Listing of Claims** which begins on page 3 of this paper.


Remarks begin on page 7 of this paper.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a)

I hereby certify that, on the date shown below, this correspondence is being:

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Signature

Date: January 31, 2005

Diana C. Anderson
(type or print name of person certifying)

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